



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name	T/	Office: ☐ House ☐ Senate
JAGA S. S. T. C. B.	Menjault	
Mailing address		District
116 - 22 NO AU	enue	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
City, zip code		Phone
Madawas Kg, M:	aiwe 04756	201-128-4526
,		
PART 1. INCOME	E DERIVED FROM EMPLOYMENT BY ANOT	THER
List the name and address of each employer from economic activity of each employer.	n whom you received compensation of \$1,000 or	more. Specify the principal type of
Name of Employer	Address	Principal Type of Economic Activity of Employer
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Maine House of Representatives	State House Stationo Augusta Me, 04333	hegislator
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PART 2. INC	OME DERIVED FROM SELF-EMPLOYMENT	
(For	Legislators who are self-employed.)	
A. List the name and address of your business, if associated with a partnership, firm, professional a entity.	any, and list the major areas of economic activity ssociation, or similar business entity, list the major	from which you derived income. If ir areas of economic activity of that
		Major Areas of Economic
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Activity (partnership, association or similar
		business entity)
Name: Kens Bush Hoggins.	Self + as needed.	5e/f.
Address: 1130 finostrock Rd. Dellagrass Me.		
Name:		
Address:	B/G	Model and the server
		TO THE STATE OF TH

PART 2 (continued). INCOME DERIVED FF (For Legislators, who are self-er		
B. List each source of income derived from self-employment that represents m greater, and specify the principal type of economic activity of the entity or pe disclosure is prohibited by law, rule, or an established code of professional ethic entity or person from whom the income was derived.	rson from whom you derived	d such income. If this form of
Name and Address of Source		Principal Type of Economic ivity of Entity or Person Who is the Source of the Income
Name: N/A Address:		
Name: Address:		
PART 3. MAJOR AREAS OF (For Legislators who are attorneys-	at-law only.)	
List your major areas of practice. If associated with a law firm, list the major are	as of practice of your firm. Major Areas of Practice	Major Areas of Practice
Name and Address of Firm	(self)	(firm)
Name: Address:		The second secon
Name:		ikki kiri kerugili (100) bersan Assansan kelala kan araran kan akter elipsii ura asabi (12 an an ajaran (14 a ajar) 12 a mijur) 3 a (13)a.
Address:		NO.
PART 4. OTHER SOURCES (
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1, 2, or 3 of this	form. Do not include gifts. If	none, check the box.
□ None	port (Company of the State of t	Kind of Income
Name and Address of Source	CONTRACTOR	(investments, leases, etc.)
Name: Social Security Admin Address: 1 Jamaica Center Ph2. Jamaica N. Y. 11432-3898.	-	Social Seeunity Poyments
Address: 1 Jamaiea Centen VKZ	and the second s	payments !
Name: Frasen Paper LTD Address:	Measurement of the control of the co	Dewston payments.
Address: Pitts bung hi PA 15230.	* .	pagmen. s.
FITS BUNG 41 /H /3430	2.50	
PART 5. REPORTABLE LIA	ABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liability or loan		
☑ None	[не ^д үүнүүдүү] үчүнүү каралуу кар	,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:	-75 ellephressesses	
Address: WIA-		
Name:		то по поставления по поставления на принципа на принципа на принципа на принципа на принципа на принципа на пр
Address:	Databiling	

	3. REPORTABLE GIF					
List the specific source of each gift of more than \$300. Inconne, check the box.	dude gifts with an aggre	gate value of more	e than \$300 from a single source. If			
PNone	PRPA A PARAMENTAL TO THE TABLE AND SHAPE	ERMARISAEINE NAA INEELEENEN AAN ANDEELEENEN ASSEELEN ANDEELEENEN AAN ANDEELEENEN AAN ANDEELEENEN AAN ANDEELEE	1 + (1 + (1 + (1 + (1 + (1 + (1 + (1 +			
Name of Source of Gift		Name of	Source of Gift			
1.	3.					
2.	4.					
	EPORTABLE HONO					
List the source of any honoraria accepted for appearances of	r speeches related to yo	ur legislative respo	onsibilities. If none, check the box.			
None Name of Source of Honoraria		Name of Se	urce of Honoraria			
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2.	4.					
PART 8. REPRESEN	TATION BEFORE ST	ATE AGENCIES				
List each executive branch agency before which you repres- box.	ented or assisted others	s for compensation	of any amount. If none, check the			
None	\$	homondoniilikh bilk ilika kanailus eya eya iniinii ey ya ya iniina ka kubindhali aliinii inia ka kanailus d	in handlister ee gemeele ee good oor helder deel behood de baar de bekoord ee gemeele ee good handliste keele koord bekoord ee good oor de bekoord bekoord ee good oor de bekoord ee good ee good oor de bekoord ee good ee			
Name of Agency		Name	of Agency			
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2.	4.	nn tha ann an Talainn a	MANIBER BANDANDA CENTRA CONTRA MANIBER PER PENDERGA PENDERGA ANT MANIBER PENDERGA PE			
PART 9. BUSIN	NESS WITH STATE A	GENCIES				
List each executive branch agency to which you or a memb	per of your immediate fa	ımily sold goods o	r services with a value in excess of			
\$1,000 during the reporting period. If none, check the box.	MENAA BENINSKA MINISTER STATISTER ST	NY 428-944 no ben'ny tanàna mandritry ny taona ny kaominina mpikambanja ny kaominina dia kaominina dia kaominina	$0 \leq (d^2 + d^2 +$			
Name of Agency			of Agency			
1.	3.	nn af deigibheit te Eileithean Aigtein Parp Eileac fan Arm van versymmet ("y is die Eil Peileagis	Team Co. A. S. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co			
2.	4.					
PART 10. INCOME RECEIVE	ED BY MEMBERS OI	F IMMEDIATE F	AMILY			
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	d of income represented	more received by . If your spouse o	your spouse or domestic partner or or domestic partner received \$1,000			
Name of Spouse or Domestic Partner and Job Title	Type of Economic Act Representing Source Income Received	of Relationship	Kind of Income			
			in Armony bigging by the Profession — Dayly save space — in Armony state of ■			
	1. Settle b	(Spouse of	1. Socie (Security Poliment			
Name: PAtsy R. Thenicult Job Title: Resided Librarian.	1. Kettre d. 2. 3.	(Spouse of Domestic Partner	1. Socie (Security PolMent 2. Maine State Revivenment 3.			
	2.	Domestic Partner Dependent	1. Socie (Security Papeller) 2. Maine State Remineration 3.			
Name: PA-tsy R. Theniou It Job Title: Resided hibrarian. If dependent child(ren) receive more than \$1,000 of income	2.	Domestic Partner Dependent Child				
Name: PAtsy R. Therioutt Job Title: Resired Library	2.	Domestic Partner Dependent				

List any for-profit or nonprofit corporation, firm, association, pa any office, trusteeship, directorship, or position of any nature. was compensated. If a family member listed, indicate your relationship	Indicate whether you	or a family held the p	osition and whethe	diate family held r the position
None			3	
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
Madawaska Snowmobile Club	U/ president	myself-		NOWC
International Snowmobile Fet	Director-	mysel C		NON-C.
	SIGNATURE			
The intentional filing of a false statement is a Class E criewillfully filed a false statement, it shall refer its findings of the control of	fact to the Attorney	General. (1 M.R.:		Legislator has
Please provide any additional information below (and on	NAL INFORMATIOn additional sheets if		e the part or secti	on number for
the information you are providing. Part/Section Number				

PART 11. OFFICER OR DIRECTOR POSITIONS